

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096432 (4)

1. Corporation Name

PEMBROKE MANAGING AGENTS, INC.



Principal Place of Business

Mailing Address

1415 EAST PIEDMONT DRIVE
SUITE 2
TALLAHASSEE FL 32308

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SUITE 2
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 14075

22 City & State

27 Suite, Apt. #, etc.
28 Tallahassee, FL

23 Zip Country

29 32317-4075 30 USA

3. Date Incorporated or Qualified

11/12/1997

4. FEI Number

59-3480279

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, TRAVIS L
106 EAST COLLEGE AVE
SUITE 1200
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D HYNES, KEITH STEVEN
STREET ADDRESS 5 PAMPAS LANE
CITY-ST-ZIP SMITHS PARISH, BERMUDA FLO5

TITLE ☐ DELETE

NAME D RIKER, WILLIAM L
STREET ADDRESS 6 PAMPAS LANE
CITY-ST-ZIP SMITHS PARISH, BERMUDA FLO5

TITLE ☐ DELETE

NAME D NICHOLS, JOHN D
STREET ADDRESS 35 SKYLINE DRIVE
CITY-ST-ZIP SMITHS PARISH, BERMUDA FLO8

TITLE ☐ DELETE

NAME D STANARD, JAMES N
STREET ADDRESS 15 ARDSHEAL DRICE
CITY-ST-ZIP PEGET, BERMUDA PG08

TITLE ☐ DELETE

NAME D RICKER, ROBERT L
STREET ADDRESS 1750 MARSTON PLACE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Chief Financial Officer ☐ Change ☒ Addition
John D. McConnell
3275 Majestic Prince Trail
Tallahassee, Florida 32308

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (1097)